

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-000293

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 71

FILED FEB 4 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Gasconade	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia, Mo		c. CITY OR TOWN Hermann	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION University Medical Center		d. STREET ADDRESS (If outside, give location) 105 1st. St.	
3. NAME OF DECEASED (Type or print) First Theodore Middle Frank Last Scheidegger		4. DATE OF DEATH Month 1 Day 28 Year 63	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-8-93
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer	
11. BIRTHPLACE (City and state or country) Hermann Mo		12. CITIZEN OF WHAT COUNTRY United States	
13a. FATHER'S NAME John Scheidegger		13b. MOTHER'S MAIDEN NAME Mary Steinmetz	
14. NAME OF HUSBAND OR WIFE Amanda Scheidegger		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)	
16. SOCIAL SECURITY NO.		17. INFORMANT University med. Center med. record	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 1. gas gangrene toxemia 3 days 2. pneumonia 3 wks Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 7:55 a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	Month, Day, Year Jan 26/63	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Columbia, Mo	
21. I attended the deceased from Jan 26/63 to Jan 28/63 and last saw him alive on 1/28/63 Death occurred at 7:55 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Carl Schusel MD		22b. ADDRESS 105 1st. St. Hermann, Mo	
22c. DATE SIGNED 1-28-63		23. NAME OF CEMETERY OR CREMATORY ST. GEORGE CEMETERY	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 1-28-1963	
23c. LOCATION (City, town, or county) HERMANN, MISSOURI		23d. LOCATION (City, town, or county) HERMANN, MISSOURI	
24. FUNERAL DIRECTOR PARKER'S FUNERAL SERVICE		25. DATE RECD. BY LOCAL REG. Jan 28 1963	
26. REGISTRAR'S SIGNATURE Mrs R E Palmer			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Donald L. Roberts

Licensed Embalmer No.

14722

P. O. Address

Columbia Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.